

PARTICIPANT REGISTRATION FORM

First Name _____ M.I. _____ Last Name _____

Home Address _____ City _____

State _____ Postal Code _____ Date of Birth _____ Age _____

Home Phone _____ 2nd Phone _____

Male Female School Attended _____ Grade Completed _____

Allergies _____ Special Concerns/Diagnosis _____

Medications/Medical Problems _____

Parent/Guardian _____ Relationship _____

Home Phone _____ Cell Phone _____ E-Mail _____

Address _____ Postal Code _____

Place of Employment _____ Work Phone _____

Please indicate your employer participates in a matching fund program YES NO

Name of church _____

Emergency Contact Person _____

Emergency Contact Phone _____ 2nd Phone _____

Daily Bus Transportation Needed: YES [] NO []

FIELD TRIP PERMISSION INFORMATION

I hereby grant permission for my child named above to participate in swimming and field trip activities planned by SPROG, Inc. I will not hold SPROG, Inc. responsible for any accident which may occur while attending SPROG, Inc., or while attending swimming trips, and/or fieldtrip activities. I understand my child is expected to adhere to all rules and regulations of SPROG, Inc. and those at fieldtrip sites.

Signature of Parent/Guardian _____ Date _____

REGISTRATION FEE = \$145.00/child TRANSPORTATION FEE = \$50.00/child
(\$130.00/child if postmarked by May 15, 2009)

FOR OFFICE USE ONLY

Amount Due \$ _____ Amount Paid \$ _____ Date _____

Method of Payment: CASH _____ CHECK NO. _____ MONEY ORDER _____

AGE GROUP ASSIGNED TO _____ COUNSELOR'S NAME _____